

DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE STATE BOARD OF COSMETOLOGY
500 JAMES ROBERTSON PARKWAY
FIRST FLOOR
NASHVILLE, TENNESSEE 37243-1147
(615) 741-2515



UNASSIGNED
NUMBER

**APPLICATION FOR
COSMETOLOGY
SHOP LICENSE**

- ☐ FULL SERVICE
☐ MANICURE
☐ SKIN CARE
☐ MANICURE/SKIN CARE
☐ NATURAL HAIR STYLIST

Fees: New Shop — \$100.00
Change of Ownership — \$100.00
Change of Location — \$100.00
Change of Name Only — \$ 10.00

Shop Name _____ Shop Phone (_____) _____
Area Code

Address _____
Street City County Zip

Date Shop will be Ready for Inspection _____

Owner(s) _____
Name(s) Home Phone Number with Area Code

Address of Owner(s) _____

Manager _____
Name Home Phone Number with Area Code ID Number

Change of Ownership _____
Former Owner(s) Former ID Number

Change of Location _____
Former Address of Shop Former ID Number

Change of Name _____
Former Name of Shop Former ID Number

**NEW SHOP AND CHANGE OF LOCATION MUST PASS INITIAL INSPECTION
BEFORE OPENING FOR BUSINESS.**

THIS FORM MUST BE SIGNED AND NOTARIZED BELOW

STATE OF TENNESSEE — ss:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

Signature of Applicant

Subscribed in my presence and sworn to before me, this _____ day of _____ 20 _____

Notary Public

My Commission Expires _____

SHOP LICENSE WILL EXPIRE
TWO (2) YEARS FROM ORIGINAL
INSPECTION DATE

INSPECTOR

DATE ASSIGNED

T N B O A R D	ID NUMBER					
	XACT NUMBER					